

FATIGUE

• Dr Paula Foran

1

In 2014 ACORN released its first guideline on 'Fatigue in the Perioperative Environment' which was designed to provide a framework to identify, manage and prevent fatigue within the perioperative setting in order to support a safe work environment

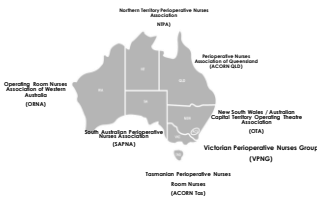
This has emerged over time into the 2020 Fatigue Guideline. The management of fatigue is a growing problem in perioperative work. Increasing workloads and demands to respond to patient needs within the context of planned and unplanned surgeries are on the rise (Australian College of Perioperative Nurses 2020)

Due to the 'time critical' nature of the work, combined with completing allocated lists and mandatory overtime, are becoming an issue for both staff wellbeing and patient safety (Australian College of Perioperative Nurses 2020).

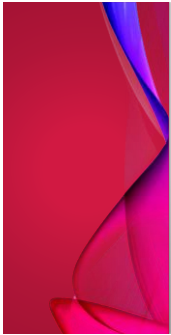
ACORN GUIDELINE

2

REPRESENTING 6000 PERIOPERATIVE NURSES NATIONALLY



3



FACTS ON FATIGUE?

This lack of insight and support in the fight against fatigue has continued despite evidence being available to suggest that concerns about fatigue are warranted

4

WHAT IS FATIGUE?

Commonly it is described as tiredness or sleepiness resulting from various causes such as extending periods of wakefulness, insufficient sleep or disturbances to circadian rhythms (Avers et al. 2011)

5

WHAT IS FATIGUE?

It is a complex state which has psychological, physiological and emotional implications that can easily impact safe performance of routine and non-routine tasks (Avers et al. 2011)

6

FACTS ON FATIGUE?

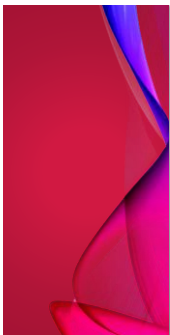
There is overwhelming evidence that long work hours, heavy workloads & staff shortages contribute to adverse events and impact on patient safety (Trinkof et al 2011: Registered Nurses of Ontario 2011)

7

FACTS ON FATIGUE?

Perioperative nurses are not immune to fatigue and will require management by each Healthcare Facility, operating suite manager and individual perioperative nurse

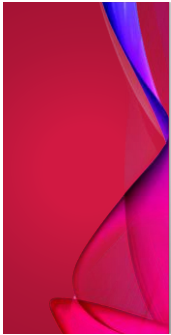
8



FACTS ON FATIGUE?

• Within the culture of Nursing, 'going the extra mile' is often encouraged and statements by staff signaling fatigue are, at times, viewed as unreasonable and unsupported (Registered Nurses of Ontario 2011)

9



FACTS ON FATIGUE?

The Federal Aviation Administration (1999) reported that fatigue is not 'a mental state that can be willed away or overcome through motivation or discipline', thereby implying comments such as 'using determination to allow you to work long shifts' are incorrectly based

10



- Long working hours by staff pose the greatest threat to patient safety because fatigue:
- slows reaction time,
- diminishes attention to detail,
- decreases energy,
- contributes to errors (AORN 2013)

11

FACTS ON FATIGUE?

A study by Rodgers et.al found that nurses who work more than 12 hour shifts **tripled** their chance of making an error

Working 17 hours shifts is similar to having a blood alcohol concentration of 0.05% and working 24 hours straight to 0.1% (AORN 2013)

Rogers AE. The working hours of hospital staff nurses and patient safety. Health Affairs. 2004;23(4):202-12.

12

An Australian study showed that less sleep not only led to an increased likelihood of errors but also a decreased likelihood of noticing an error made by a colleague (Dorrian et al. 2006)

FACTS ON FATIGUE?



13

FACTS ON FATIGUE?

In addition to causing problems at work, fatigue can also undermine personal and home life

Many of us may not even realise how fatigue impairs our ability to enjoy life and meet home and family obligations

14

FACTS ON FATIGUE?

Research also suggests that many health professionals are managing their fatigue and sleep disturbances with prescription medication and alcohol (Dorrian et al. 2006)



15

BURNOUT!!!!

Burnout is a state of chronic stress that leads to:

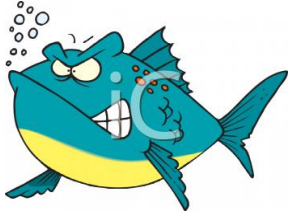
- physical and emotional exhaustion
- cynicism and detachment
- feelings of ineffectiveness and lack of accomplishment



16

BURNOUT

Does this sound like 'Mean Mary'?



17

BURNOUT



Does this look like 'Nasty Norm'?

18

Purpose

The purpose of this guideline is to provide direction for managing fatigue in order to provide safe, high quality perioperative care to surgical patients.

This guideline has been developed to provide a framework to prevent, identify and manage fatigue within the perioperative setting in order to support a safe work environment.

19

Statement 1 (Healthcare Service Organisations) (Australian College of Perioperative Nurses 2020)

Health service organisations have a duty to promote a culture of safety by having written policies, procedures and guidelines related to fatigue management for delivery of safe and effective nursing care

20

Statement 2 (Managers) (Australian College of Perioperative Nurses 2020)

To enable clinicians to function safely and efficiently within their working roles, the manager at a unit level has a duty to recognise the potential of fatigue when considering staffing allocations, rostering, and workload utilization.

- **guidelines which limit shifts to 12 hours inclusive of overtime;**
- ensure adequate meal/tea breaks in a dedicated staff lounge (as per local enterprise agreements) and recuperation periods between shifts

21

Statement 3 (Perioperative Nurses)
(Australian College of Perioperative
Nurses 2020)

The perioperative nurse has a duty to be aware of individual safety risks in relation to fatigue and the risk these pose to the patient.

22

POSSIBLE CONTROVERSIAL
ISSUES

Alternative transport should be offered to staff who feel unsafe to drive home and a taxi voucher to get back to work

AORN (2013) has an exception:

UNDER EXTREME CONDITIONS.....

exceptions to the 12 hour limit may be required -
For example – internal or external disasters

23

Strategies for implementation

- The collection of fatigue related data in the operating suite is imperative to highlight this issue to both the HCF, management and staff alike
- This will assist in the change process by providing vital information on the level of fatigue in each individual unit

24

Strategies for implementation

Documentation should be kept recording the amount and frequency of unscheduled overtime and /or call back duties, and any implications of extended work practices, such as adverse patient events or employee workplace injuries

25

STRATEGIES FOR IMPLEMENTATION



26

IN CONCLUSION

This broad guideline is the first step in recognising and managing fatigue within the perioperative environment
Further work is now required to collect and analyse data on perioperative fatigue in order to change individual hospital policy prior to altering practice in the workplace

27



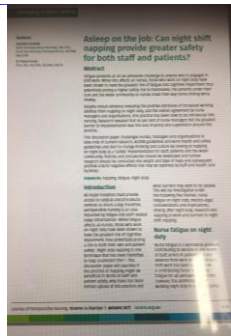
If we truly are patient advocates this needs to **STOP NOW**

28



ONE MORE CONTROVERSIAL ISSUE!

- Read the ACORN journal
- It comes with your subscription



29



QUESTIONS?

30
